THE JOURNAL OF SCHOOL HEALTH

Vol. XXI No. 5

MAY
1951

PUBLISHED BY
THE AMERICAN SCHOOL HEALTH ASSOCIATION

AMERICAN SCHOOL HEALTH ASSOCIATION

Organized 1927

Devoted to the interests and advancement of those engaged in school health activities and the service rendered by them

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THE JOURNAL OF SCHOOL HEALTH

THE AMERICAN SCHOOL HEALTH ASSOCIATION

3335 Main Street, Buffalo 14, N. Y.

Published monthly, except July and August, at Buffalo, N. Y.

Editor
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Washington, D. C.

SUBSCRIPTION RATES TO THE JOURNAL

Membership dues, $3.00 including Journal: Subscription $3.00

Single copies 35c, send payment with order

Address all communications to
THE EDITOR, The Journal of School Health
3335 Main Street, Buffalo 14, N. Y.

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The American School Health Association

Entered as second-class matter at the Post Office at Buffalo, N. Y.
October 5, 1937

THE JOURNAL OF SCHOOL HEALTH

Devoted to the interests and advancement of school health service and instruction. Your participation by membership is solicited.

Vol. XXI MAY, 1951 No. 5

HEALTH EDUCATION AS A COLLEGE ENTRANCE UNIT

H. F. KILANDER, PH.D.

The Office of Education, Federal Security Agency, in cooperation with the American School Health Association, has made a study to discover the extent to which health education is accepted as a college entrance unit.

The American School Health Association, through its president, Dr. Cyrus H. Maxwell, in 1949 appointed a committee[1] to consider "the Status of Health Education in Relation to College Entrance Requirements." This committee has worked with the Office of Education in formulating plans for the study, including the preparation of the questionnaire. The mailing of the questionnaires to the institutions of higher education, the analysis of the returns, and the preparing of this report have been done by the Office of Education.

The Problem

Health education in most instances originally came into secondary school curriculum through integration with physical education.[2] Later, a class period was taken from, or added to, the physical education time, and health education became a quasi-separate course. But the subject continued to be given to the same student group that was enrolled in the physical education class, and too often it was taught in the same surroundings, frequently the gymnasium. Under such conditions the instruction often differed in many ways from that which was characteristic of other academic courses. To teach health instruction — an applied

1. Dr. Elizabeth C. Kelly, Health Education Consultant, Fresno State College, Fresno, California; Mr. Paul E. Landis, Supervisor of Health, Physical Education, Recreation and Safety, State Department of Education, Columbus, Ohio; Mr. Malcolm J. McClelland, Instructor of Health and Safety, School of Health, Physical Education, and Recreation, Indiana University, Bloomington, Indiana; Dr. Frank J. O'Brien, Associate Superintendent, Board of Education of the City of New York; and Dr. H. F. Kilander, Assistant Specialist for Education, Office of Education, Federal Security Agency, Washington, D. C., Chairman.

2. Kilander, H. F. The Concentrated Health Course in the Junior and Senior High School. *The Journal of Health and Physical Education.* January, 1947. pp. 112-13.

science, a content course — in the same way as an activity course is unsound.

In recent years there has been a definite trend toward offering separate courses in health education in the secondary schools[3]. Various groups have supported this plan. In 1944 the American Association for Health, Physical Education, and Recreation, adopted a resolution recommending that "classes in secondary school health instruction meet five periods a week for a minimum of two semesters." The Society of State Directors of Health and Physical Education has made the same recommendation. The report of the National Committee on School Health Policies contains a similar recommendation. Several State Departments of Education require or recommend that health instruction in the junior and senior high schools be provided in separate courses.

The introduction of separate courses in health education in the secondary schools does not obviate the need for continued integration of health education with other subject areas, such as biology, general science, physical education, and home economics, when this is feasible. Instead, it has been found that separate courses in health education in a school curriculum have tended to increase the interest in, and the effectiveness of, such integration.

Along with the recommendations for separate courses in health education are recommendations that the subject be taught as effectively as possible. This means that it be given at least the same consideration as other subjects receive, namely, that it be taught to standard-size classes, in regular classrooms, with the use of accepted methods of instruction, and that grades and credit be granted.

Of the afore-mentioned factors, that of credit[4 5], raises certain questions that the individual school or school system cannot answer for itself. High school administrators often say that one obstacle to offering health education courses on a credit basis is that college entrance requirements normally do not include this field in the traditional 16 units required for college entrance. Administrators also state that high school programs tend to be determined by the needs of those students who are planning to enter college. This

3. Kilander, H. F. Trends in Health Education in Secondary Schools. *School Life.* April, 1949. pp. 6-7.

4. Nichols, J. H. The Granting of College Entrance Credit in Physical Education. *The Research Quarterly.* March, 1931. pp. 15-29.

5. Unpublished report on *"The Colleges Which Recognize Entrance Credit for Physical Education"* assembled in 1933 by D. Oberteuffer, then Supervisor of Health and Physical Education, Ohio State Department of Education.

situation is more likely to be true in small high schools, where the limited enrollment makes it difficult to offer other curricula than college preparatory.

In consequence, many schools hesitate to offer health education as a separate subject, or, if they do offer it, credit is often granted outside the conventional 16 units. Consequently the subject fails to have the status which many feel that it deserves.

The Purpose of the Study

This study was undertaken for the purpose of determining:

1. The extent to which credit in health education is accepted as a college entrance unit;

2. The reasons why certain institutions of higher education follow this practice; and

3. The reasons why other institutions do not grant college entrance credit for work in health education.

Defining Health Education

The term health education, as used in this study, was defined on the questionnaire in these words: "The term health education refers to instruction in personal, community, and mental health, sanitation, nutrition, safety education, and first aid. It is *not* meant to include physical education."

The Number and Distribution of Institutions of Higher Education Included in the Study

The nation-wide scope of this study is indicated by the number and distribution of institutions of higher education to which questionnaires were sent (see Table 1).

Questionnaires were mailed in 1949-50 to 753, or 52.1 per cent of the 1,446 institutions of higher education, not including professional and technological schools, in the continental United States. The institutions were selected from those listed in the *Educational Directory, Higher Education,* 1948-49, *Part* 3, issued by the Office of Education. Of the 753 institutions included in the sample, 690, or 91.6 per cent, returned completed questionnaires.

The 690 institutions which replied included 390, or 49.6 per cent, of the 786 colleges and universities in the United States; 103, or 49.1 per cent, of the 210 teachers colleges and normal schools; and 197, or 43.8 per cent, of the 450 junior colleges. This number represents an over-all coverage of 47.7 per cent of the 1,446 institutions in these three categories.

For regional comparisons, the States have been grouped on the basis of the several Regional Associations of Colleges and Sec-

Table 1

THE NUMBER AND DISTRIBUTION OF INSTITUTIONS OF HIGHER EDUCATION INCLUDED IN THE STUDY

Institutions by Types and Regions	Number of Institutions in Sample	Number of Institutions Replying	Percentage of Institutions Replying
Total Sample for the United States	753	690	92%
Types of Institutions:			
Liberal Arts Colleges and Universities	417	309	94%
Teachers Colleges and Normal Schools	112	103	92%
Junior Colleges	224	197	88%
Regions:[1]			
New England	58	54	93%
Middle Atlantic	124	107	86%
Southern	217	198	91%
North Central	274	256	93%
Northwest and Western	80	75	94%

1. Based on the States in the Regional Associations of Colleges and Secondary Schools, these are:
New England:—Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island and Vermont.
Middle Atlantic:—Delaware, District of Columbia, Maryland, New Jersey, New York and Pennsylvania.
Southern:—Alabama, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas and Virginia.
North Central:—Arizona, Arkansas, Colorado, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, New Mexico, North Dakota, Ohio, Oklahoma, South Dakota, West Virginia, Wisconsin and Wyoming.
Northwest:—Idaho, Montana, Nevada, Oregon, Utah, and Washington.
Western:—California.

ondary Schools. The statistics for the Western region have been combined with those for the Northwest, since the former comprises only one State.

The Extent to Which Students Are Admitted Without Regard for Particular Courses

The colleges were asked: "Do you normally admit graduates of the general or college-preparatory curricula of your State-approved high schools without regard to which particular courses the applicants took, provided their scholarship meets your standards?" Sixty-four per cent of the institutions replied in the affirmative (see Table 2).

By types of institutions, the percentages replying "Yes" are: Colleges and universities — 51 per cent; teachers colleges and normal schools — 81 per cent; and junior colleges — 83 per cent.

By regions, the percentages of affirmative replies are: New England — 44 per cent; Middle Atlantic — 38 per cent; Southern

— 63 per cent; North Central — 76 per cent; and Northwest and Western — 77 per cent.

The three groups ranking highest are junior colleges in the Northwest and Western region (96 per cent), and in the North Central region (91 per cent), and teachers colleges and normal schools in the North Central region (92 per cent). The three groups ranking lowest are colleges and universities in the New England (11 per cent), Middle Atlantic (27 per cent), and Southern (52 per cent) regions. The other nine groups range from 58 to 83 per cent in their acceptance of students without regard for the particular courses taken in the general or college-preparatory curricula.

Table 2

THE PERCENTAGE OF COLLEGES ADMITTING GRADUATES OF THE GENERAL OR COLLEGE-PREPARATORY CURRICULA OF THEIR OWN STATE—APPROVED HIGH SCHOOLS WITHOUT REGARD TO PARTICULAR COURSES TAKEN

Region	All Institutions (690)[1]	Colleges and Universities (390)[1]	Teachers Colleges (103)[1]	Junior Colleges (197)[1]
United States (690)[2]	64	51	81	83
New England (54)[2]	44	11	79	83
Middle Atlantic (107)[2]	38	27	58	61
Southern (198)[2]	63	52	81	73
North Central (256)[2]	76	64	92	91
Northwest and Western (75)[2]	77	61	80	96

1. The figure in parenthesis is the actual number of institutions in each category in the sample.

2. The figure in parenthesis is the actual number of institutions in each region in the sample.

The Extent to Which Health Education is Acceptable as a College Entrance Unit

The second question asked on the questionnaire was: "Is health education acceptable as one of the units for admission to your institution?" The respondents were advised that, if they had checked "Yes" in answer to the previous question dealing with the admittance of graduates of their own State-approved high schools, they were to answer this second question with reference only to graduates from high schools outside the State and from high schools within the State which were not State-approved. Of all institutions, 77 per cent replied "Yes — in all departments, schools and colleges of our institutions," and 3 per cent "Yes — in some departments, schools and colleges of our institutions." In

other words, a total of 80 per cent replied in the affirmative. Another 7 per cent indicated that they were "Undecided," and 13 per cent stated "No" (see Table 3).

Of the 64 per cent of all institutions (see Table 1) stating that they admit graduates of general or college-preparatory curricula without regard to courses taken, the replies given to questions number 2 were 90 per cent "Yes," 4 per cent "Undecided," and 6 per cent "No." For the 36 per cent of all institutions replying in the negative to the first question, the extent of acceptance was less — 63 per cent "Yes," 9 per cent "Undecided," and 28 per cent "No."

By types of institutions, the percentages replying "Yes" are: Colleges and universities — 70 per cent; teachers colleges — 90 per cent; and junior colleges — 83 per cent.

By regions (see Table 4) the percentages of affirmative replies are: New England — 56 per cent; Middle Atlantic — 61 per cent; Southern — 89 per cent; North Central — 85 per cent; and Northwest and Western — 87 per cent.

On the basis of both type of institution and region, the four groups ranking highest are teachers colleges in the North Central

Table 3

THE EXTENT TO WHICH HEALTH EDUCATION IS OR IS NOT ACCEPTED AS ONE OF THE UNITS FOR COLLEGE ENTRANCE

Reply	Percentage of All Institutions (690)[1]	Percentage of Colleges and Universities (390)[1]	Percentage of Teachers Colleges (103)[1]	Percentage of Junior Colleges (197)[1]
Yes — in all departments, schools, and colleges of the institution (529)[2]	77	70	90	83
Yes—in some departments, schools, and colleges of the institution (24)[2]	3	4	1	4
Undecided (45)[2]	7	8	5	4
No. (92)[2]	13	18	4	9

1. The figure in parenthesis is the actual number of institutions in each category of the sample.

2. The figure in parenthesis is the actual number of institutions giving each reply.

Table 4
THE EXTENT SHOWN BY REGIONS TO WHICH HEALTH EDUCATION IS ACCEPTED[1] AS ONE OF THE ENTRANCE UNITS FOR ADMISSION TO COLLEGE

Region	Percentage of All Institutions (690)[2]	Percentage of Colleges and Universities (390)[2]	Percentage of Teachers Colleges (103)[2]	Percentage of Junior Colleges (197)[2]
United States (690)[3]	80	74	91	87
New England (54)[3]	56	57	79	25
Middle Atlantic (107)[3]	51	51	89	67
Southern (63)[3]	89	87	95	91
North Central (256)[3]	85	76	97	95
Northwest and Western (75)[3]	87	81	85	96

1. Included are those institutions which indicated "Yes — in all departments, schools and colleges" and "Yes — in some departments, schools and colleges," as given in Table 3.
2. The figure in parenthesis is the actual number of institutions in each category in the sample.
3. The figure in parenthesis is the actual number of institutions in each region in the sample.

region (97 per cent), junior colleges in the Northwest and Western (96 per cent), and North Central (95 per cent). The three groups ranking lowest are junior colleges in the New England region (25 per cent) and colleges and universities in the Middle Atlantic (51 per cent) and New England (57 per cent) regions. The other eight groups range from 67 to 91 per cent in the extent of their acceptance of health education as an entrance unit.

The Extent of Acceptance by Colleges of Various Plans for Teaching Health Education

The 553 institutions which indicated that they would accept health education credit for college entrance were asked to check those plans for teaching the course which were acceptable to them (see Table 5). Listed were the four most commonly used arrangements. Most of the institutions checked two or three plans, and a few checked all.

The great majority of these institutions (81 per cent) indicated that they would accept credit "when the health education course is given for a full year, comparable to other subjects, and assigned one full credit." The differences between types of institutions (76 to 86 per cent) and regions (76 to 93 per cent) with respect to acceptance of health education taught according to this plan are small.

Almost as many institutions (71 per cent) will accept health

education "when the health education course is given for one semester, comparable to other subjects, and assigned one-half unit of credit." The range by types of institutions is 73 to 80 per cent, and by regions 67 to 80 per cent.

There were 216 or 40 per cent of these colleges which indicated that they will accept health education for entrance "when the health education credit is accumulated over 2 or more years on the basis of 1, 2 or 3 hours weekly of instruction — for example, 1/4 unit for each of four semesters for a total of one unit." The range by types of institutions is: Colleges and universities — 36 per cent; teachers colleges — 49 per cent; and

Table 5

THE PERCENTAGE OF INSTITUTIONS WHICH ACCEPT CREDIT FOR HEALTH EDUCATION COURSES ORGANIZED IN VARIOUS WAYS[1]

Course Plans	By types of Institutions				By Regions				
	All Institutions	Colleges and Universities	Teachers Colleges	Junior Colleges	New England	Middle Atlantic	Southern	North Central	Northwest and Western
	(553)[1]	(288)[2]	(94)[2]	(171)[2]	(30)[2]	(65)[2]	(176)[2]	(217)[2]	(65)[2]
a. When the health education course is given for a full year, comparable to other subjects, and assigned one full credit. (441)[3]	81%	81%	86%	76%	93%	77%	82%	80%	76%
b. When the health education course is given for one semester,, comparable to other subjects, and assigned one-half unit. (398)[3]	71%	73%	80%	73%	70%	68%	67%	80%	70%
c. When the health-education credit is accumulated over 2 or more years on the basis of 1, 2, or 3 hours weekly. (216)[3]	40%	36%	49%	41%	30%	26%	40%	42%	47%
d. When health-education credit is combined with credit in physical education. (211)[3]	39%	37%	38%	45%	23%	17%	44%	39%	53%
e. Other course plans. (31)[3]	6%	6%	8%	4%	10%	7%	5%	5%	8%

1. The 553 institutions which had indicated that they would accept credit for health education checked the 5 types of course plans a total of 1,297 times or an average of 2.4 times per institution.

2. The figure in parenthesis is the actual number of instructions in each category of the sample.

3. The figure in parenthesis is the actual number of institutions giving each reply.

junior colleges — 41 per cent. By regions, the acceptance is highest (47 per cent) for the Northwest and Western region and lowest (26 per cent) for the Middle Atlantic region.

Almost the same number, 211 or 39 per cent, checked "when health education credit is combined with credit in physical education." The range of acceptance by types of institutions is: Colleges and universities — 37 per cent; teachers colleges — 38 per cent; and junior colleges — 45 per cent. By regions, the extent to which this plan is acceptable is lowest (17 per cent) for the Middle Atlantic and highest (53 per cent) for the Northwest and Western regions.

Reasons Why Some Institutions Do Not Accept Credit in Health Education for College Entrance

The 137 colleges (20 per cent) which had answered either "Undecided" or "No" to the question: "Is health education acceptable as one of the units for admission to your institution?" were asked to check one or more of five listed reasons to explain the reasons for the policy (see Table 6). Most of the institutions checked two reasons.

Eighty-three of these institutions (61 per cent) indicated that "few instances involving the question of credit for health education had come up." Most of the colleges in the "undecided" category checked this reason. Among the regions, New England institutions checked this reason most frequently (79 per cent) and Southern institutions least often (41 per cent).

Forty-five of the colleges (33 per cent) stated that "the entrance requirements of the institution do not make it possible to accept such credit."

Forty-one colleges (30 per cent) indicated, as a reason for non-acceptance, that "health education credit is combined with physical education credit, which is not acceptable as one of the regularly required units." By types of institutions, the replies were: Colleges and universities — 24 per cent; teachers colleges — 44 per cent; and junior colleges — 50 per cent. By regions, the highest (55 per cent) was the Southern and the lowest (20 per cent) was the Northwest and Western.

One-fifth of the institutions gave the reason that "the high schools are not offering sufficiently satisfactory courses in health education to warrant the institution accepting such credit."

Only eight colleges indicated, as one of their reasons for not accepting credit in health education, that "health education is already covered by other courses in the high school curriculum."

Table 6

THE REASONS GIVEN FOR NOT ACCEPTING CREDIT IN HEALTH EDUCATION FOR COLLEGE ENTRANCE

Reasons for not accepting credit in Health Education	By types of Institutions				By Regions				
	All Institutions	Colleges and Universities	Teachers Colleges	Junior Colleges	New England	Middle Atlantic	Southern	North Central	Northwest and Western
	(137)[1]	(102)[2]	(9)[2]	(26)[2]	(24)[2]	(42)[2]	(22)[2]	(39)[2]	(10)[2]
a. The institution has had few instances where the question of credit for health education has arisen. (83)[3]	61%	61%	55%	69%	79%	50%	41%	69%	70%
b. The entrance requirements of the institution do not make it possible to accept such credit. (45)[3]	33%	35%	33%	27%	33%	43%	27%	26%	30%
c. Health - education credit is combined with physical-education credit, which is not accepted as one of the regularly required units. (41)[3]	30%	24%	44%	50%	33%	21%	55%	26%	20%
d. The high schools are not offering sufficiently satisfactory courses in health education to warrant the institution accepting such credit. (28)[3]	20%	23%	11%	15%	20%	21%	32%	15%	10%
e. Health education is already covered by courses in the high-school curriculum. (8)[3]	6%	6%	0%	4%	0%	2%	5%	15%	0%
f. Other reasons. (3)[3]	2%	3%	0%	0%	0%	5%	5%	0%	0%

1. The replies from the 137 institutions summarized in this table include the 45 which had checked "Undecided" and the 92 which had checked "No" concerning the question of accepting credit for health education. These institutions checked the 6 reasons a total of 208 times, or an average of 1.52 times per institution.

2. The figure in parenthesis is the actual number of institutions in each category of the sample.

3. The figure in parenthesis is the actual number of institutions giving each reply.

Many of the institutions, which gave one or more of these five reasons for not accepting credit in health education, qualified their remarks by saying that they were prepared to consider the question on individual merit as cases arose.

Summary

1. The findings of this study show that institutions of higher education will, in general, accept credit in health education as a college entrance unit when the subject has been taught as a separate course. Eighty per cent of the colleges indicate acceptance of such credit; an additional 7 per cent are undecided about the matter; and only 18 per cent state that they will not accept credit in health education.

2. Two-thirds of the institutions normally admit graduates of the general or college-preparatory curricula of their own State-approved high schools without regard to which particular courses the applicants took, provided their scholarship meets the institution's standards.

3. For the country as a whole, the teachers colleges and normal schools (91 per cent) and the junior colleges (87 per cent) are more willing to accept health education credit for college entrance than are the liberal arts colleges and universities (74 per cent).

4. When classified on the basis of State groupings of the Regional Associations of Colleges and Secondary Schools, the combined Northwest and Western region ranks highest (87 per cent) in accepting health education credit for college entrance, and the New England region ranks lowest (56 per cent).

5. Most colleges will accept credit in health education as one of the electives in the 16 units required for admission.

6. Most colleges which accept credit in health education prefer that health education be taken in high school for a full year with one credit (81 per cent), or for one semester with one-half unit (71 per cent). Fewer institutions accept the plan where credit is accumulated fractionally over two or more years (40 per cent), or when the credit in health education is combined with that for physical education (39 per cent).

7. The 20 per cent of all institutions which indicated that they were "undecided" about accepting such credit, or definitely stated that they would not do so, most frequently gave as reasons for their policy that "there had been few instances where the question of credit for health education had come up" (61 per cent), or that "the entrance requirements of their institutions do not make it possible to accept such credit" (40 per cent), or that "health education credit is combined with physical education credit which is not accepted as one of the regularly required units" (30 per cent).

IS THE HEALTH AND PHYSICAL EDUCATION PROGRAM IN OUR SCHOOLS EFFECTIVE?*

DR. FRANK J. O'BRIEN

Associate Superintendent of Schools, New York, N. Y.

There is perhaps no parent, teacher, supervisor or administrator, who, if asked to enumerate the main goals of education, would not include Health and in most cases, would probably name it as the first and most important one.

However, if total health is really as necessary and as valuable, as most people, lay and professional alike, claim it to be, why is it that it receives such indifferent and limited consideration in modern education? Why is it that children are deprived of the help to which they are entitled, to acquire and maintain the highest possible degree of total health? For example, to what extent is any worthwhile attention being given to mental health, even though there is inescapable evidence that illustrates its commanding importance in our highly mechanized, very greatly accelerated and insecure society. Among this evidence are the following:

(1) the advances that have been made in Mental Hygiene since the turn of the century;

(2) the increasing number of new admissions to the State hospitals throughout the country that have been reported yearly during the past several decades; and

(3) the appalling numbers of young men who were rejected at their induction or discharged subsequently from all parts of the armed forces during two great World Wars because of psychoneuroses.

These and other well known facts highlight not only the great importance of mental health, but also serve to emphasize the staggering cost of mental illness in terms of economic values as well as of the loss of large numbers of happy, healthy, and contributing members of society. With all this knowledge, as well as that coming from other sources, what has been done in Health and Physical Education in the schools in our state and throughout the country to improve the mental health of our children and youth? To what extent and in what ways have health education programs been enriched and our teachers given the additional in-service training that they require in order to increase their competency in this important aspect of health? If we are to answer such questions honestly, we must admit that educators, by no stretch of the imagination, have given the matter of mental

health either the consideration or the time that it merits in our Health and Physical Education programs.

There are other aspects of health that are being comparably neglected also but there is not time to consider them in this discussion.

It should be evident to any one who has given even casual consideration to this subject, that knowledge of English, mathematics, social studies, foreign languages, or any other subject, may be of little if any practical value to an individual, if he doesn't possess health. In fact, an individual who has acquired average or superior competence in one or more of the academic or technical fields, if he does not possess health and especially mental health, may and frequently does, use these knowledges and skills, in ways and for purposes, that do not serve his best interests nor those of society.

There are several rather evident reasons, many of them historical, why health, which is of vital importance to every individual, has never been accorded the position it deserves in general education. Perhaps the most important one is that educational leaders and practitioners down through the years have been motivated too exclusively by the conviction that the mere possession of knowledge, gained for the most part through the exercise and training of the memory, and to a lamentably less degree of that aspect of the mind that is capable of thinking, reasoning and of making accurate judgments, constitutes a guarantee for happy, healthy and successful living. This assumption or belief in what has been considered as the supreme importance of knowledge per se, never has been and never can be true.

As a direct result of placing this exaggerated and unsubstantiated value upon the all-importance of academic knowledge, school administrators, in planning the education of children, have allocated first, the number of teaching periods to each academic subject that was considered necessary to cover all the available content in each of these subject areas. Health has never been one of these favored subjects, and, as a result, it shares with the elective subjects whatever educational time there may be left over after the historically favored subjects have been provided for generously.

In other words, one of the basic weaknesses in education today, as it has been in the past, is that the ultimate test of the success of education is determined too exclusively by the amount, acquired by a student, of the known factual data that constitutes

a subject area, and not by the total requirements of the student,—each student with his own unique combination of abilities, interests, needs, defects, deficiencies and maturation needs.

There seems to be too little, if any, realization that the test of whether general or technical education has been successful is determined ultimately, not by what or how much an individual knows, but how he is able or unable to use knowledge for his own highest good and that of society. As a result of the mere possession of knowledge, there continues to be too much emphasis in almost all education on preparing children to pass examinations in subject matter, and far too little in preparing them to live healthfully as individuals and as socially competent citizens.

As a result of this lack of appreciation on the part of educational leaders of the basic importance of total health in the real education of children and its relationship to healthy, unhealthy or destructive living, the following conditions, in Health and Physical Education programs are found to exist in a large number of school systems:

(1) The special professional preparation that is necessary for the successful teaching of hygiene is not required although the standards for the teaching of physicial education are much more adequate.

(2) The complex and technical nature of this program has not been given the practical consideration it deserves with the further results that:

(3) The ratio of teachers to students that is absolutely necessary if the program of Health and Physical Education is to be effective and meaningful to students is not generally provided for or maintained.

(4) The necessary number of teaching periods and the proper class size, as provided in every other subject field, that would permit successful health teaching, is too generally violated.

(5) It is evidently not sufficiently understood that the final test of the success of a Health and Physical Education program is not knowledge and the ability on the part of students to give back to the teacher, in verbal or written forms, the information he has previously given them, the only test that is applied in most if not all of the other subject areas. No, the only worthy method of testing the success of a Health and Physical Education program is by determining the attitudes, habits and practices of each child as they reflect his personal, total health,—physical, emotional, moral and intellectual.

Institutions of higher education, e.g., have been very zealous and specific, and for the most part unyielding, in the academic preparation they demand that a student have in all required subjects, for admission to college. At the same time, most of these same institutions neither request, let alone require, a minimum of good health, or practical evidence, that a candidate possesses the necessary health habits and practices in the several phases of health that are indispensible for happy and successful living, even as a student. It is disconcerting and disheartening to educators who are primarily interested in the health and well being of children and youth, to realize that institutions of higher learning, due either to their lack of knowledge of, or unwillingness to assume responsibility for students as human beings, have not seen the necessity of requiring units in health education as part of their admission standards.

This fact is especially disturbing to those who are not members of college and university staffs when they also know that a very large number of colleges today provide very excellent medical, dental and psychiatric as well as guidance services for their students. As the practical knowledge of health has become generally available, especially as to how it is acquired, preserved, injured or destroyed, it becomes increasingly baffling to those in education who are primarily interested in the healthy maturation of the complete individual, and recognize academic and technical knowledge only as one of the implements to this broader and more important goal, rather than as an end in itself, as to why the administrative heads of institutions of higher learning continue to ignore health as part of the essential equipment that all individuals, including college students, must possess if they are to be properly prepared to discharge their full responsibilities as moral beings in a society that has the right to receive his maximum contribution for the common good.

One result of this complete disregard for even minimum health education requirements on the part of colleges but their rigid requirements in all other subject areas, is that high schools in general, have been about equally successful in omitting health teaching entirely or creating such an impossible situation that it cannot be taught effectively.

Educators, for the most part, seem to ignore also the fact that the human being is a very complex and integrated organism, and because of these characteristics, unhealthy emotional, physical or moral influences or motivations may condition or impel an indi-

vidual to use the knowledge and skills acquired in education, in ways, and for purposes, that are in conflict with his own best interests, and those of the society of which he is a member. Sound educators cannot with impunity continue to ignore this fact. The ever-increasing populations in state hospitals and other psychiatric hospitals, the inmates in prisons and other types of custodial and corrective institutions, and the large numbers of individuals cared for by public and private case-work and relief-giving agencies, give convincing evidence that knowledge alone is not, never has been, and never can be capable of producing personal and social health, happiness and good citizenship.

As long as educational leadership is dominated by the type of academically oriented individuals who have neglected to discover the value and sacredness of the individual but continue to worship only at the shrine of knowledge, so long will the program of Health and Physical Education continue to be nothing more than a nonentity or at best a sham. So long also will education continue to default on its sacred trust toward the youth entrusted to it, and so long will it continue to fail to discharge its full obligation toward our country. This serious failure on the part of education to give proper attention to health is as deplorable as it is unnecessary, and becomes flagrantly evident in times of great crisis when the best is demanded of all its citizens and especially its youth.

The requirements for health education for graduation from High School in New York State, for example, are so inadequate in the nature and amount of content required and the way it can be acquired, as to constitute educational chicanery. As a result, the present low status of health and physical education in our schools today, constitutes also an irreparable injustice to the children and their parents, and a threat to the continuation, let alone the improvement of our American Way of Life. Lack of the necessary time does not permit a more detailed analysis of the detrimental effects of this educationally expedient and indefensible requirement in health education, in a state that we like to think of as forward looking and progressive.

This more or less general and persistent disinterest in, or utter disregard for the real significance of health in educational philosophy and practice has not only precluded the organization and maintenance of an effective Health and Physical Education program, but it also contains within it the prestige and power to reduce to a still lower level even those limited benefits this pro-

gram is capable of bringing to students. For example, the instructional time for the Safety Driver Educational program that has been made mandatory in one school system during the past year, has been taken from the present meager time now allocated to Hygiene teaching. Is it at all significant that this instructional time was taken from the all too limited time that is already allocated to the teaching of Hygiene and not from the much more generous time that is assigned to the teaching of English, mathematics, science and other academic subjects?

The time is not far distant perhaps, from evidence now at hand, when there will be insistant demands that more time be allocated to such subjects as accident prevention and safety, home nursing and subjects equally important and necessary. If and when the State Department of Education or Local Boards of Education succumb to these and other overtures, as worthy as they may be, will the teaching time, in whole or in part, be purloined from the sub-minimum time now allocated to Health and Physical Education? This eventuality is neither impossible nor improbable.

This wanton exercise of such an extreme disregard for the worth of health in education today is at the same time an example of a biased and a "robbing Peter to pay Paul" kind of over-all educational planning. Due to the influence of pressure groups, or for any other reason, when a new subject is added to the curricula but with no consideration of how it can be integrated into the existing program without seriously injuring the effectiveness of one or more existing subjects, expediency, rather than sound, honest and statesmanship planning that is predicated upon the total health needs of children, becomes the motivating and impelling directing force.

From the preceding description, incomplete as it is by necessity, it is evident that the program of Health and Physical Education, in most of our schools today, is not realizing its objectives in the light of what is known in the total field of health and in terms of what teachers and supervisors of the subject have been struggling for years to achieve.

The logical question that has been asked countless times in the past can be asked again, namely: Can anything be done to improve the present situation? I think there can, although the pathways to accomplishment will be fraught with strong opposition and great difficulties. May I present the following suggestions for your consideration:

(1) Teachers, supervisors and administrators in the field of

Health and Physical Education must first be convinced of the real, vital and intrinsic importance of the subject they are teaching, and for which they have an inescapable responsibility. Without this strong conviction, there can not be generated the necessary, dynamic and continuous motivating force to overcome the resistance that will be put up by academically oriented leaders and the spokesman for the other subject fields nor the persuasive power that will be necessary to bring a pervading and penetrating light of understanding to those educational leaders whose prime concern is with the teaching and acquisition of subject matter, rather than competency in healthy, wholesome living.

(2) It is necessary to recognize and take into your considered plans the accepted fact that one of the most potent impediments in the pathway of progress in any field of endeavor is the inability or unwillingness that most human beings manifest toward "giving up the old and taking on the new." It is human not to want to give up those habits of thinking and action, together with the satisfactions and economy of performance that are inherent in them and which have been acquired and used successfully for years, in order to acquire new ones, even though they are better and in the long run will accomplish greater and more lasting results. Therefore, any campaign to improve the status of Health and Physical Education, even though well planned and systematically carried out, will be long and highly contested.

(3) An equally potent human frailty that will stand as a "road block" in the pathway of improving the status of Health and Physical Education is the unwillingness on the part of the representatives of other subject areas to relinquish any part of the favored position their subject has enjoyed for a very long time and the prestige that is inherent in such a position.

These two impediments that are characteristic of almost all human beings are just as real and powerful in maintaining the present biased status that exists between Health and Physical Education and other subjects, as are by-law regulations or the specific administrative directives that account for the insufficient number of teachers and instructional periods that are allocated to health teaching. Consequently, it is necessary that your efforts to improve the effectiveness of the total health program give adequate consideration to

these human characteristics, and that they be characterized by understanding and patience, as well as persistence.

(4) I strongly suggest that teachers and supervisors in this field should participate, as far as it is at all possible, in all the professional activities of their respective schools, and not confine their interests and activities exclusively to their own subject or department. There are two reasons for this. In the first place, health cannot be taught effectively when it is presented in a single course of study that is completely isolated from all the other subject fields. It must be correlated with all other subject fields and with all the child's activities both in and out of school. Second, there is no subject that does not contain within it health implications, if not objective health factors. Therefore, teachers of Health and Physical Education should see to it, as far as this is possible at the present time, that they are represented on all committees that are concerned with developing or modifying courses of study in all subject areas. This type of cooperative participation holds great promise also, for working out subsequently, a realistic core curriculum in Health and Physical Education.

However, in order to be able to make this valuable contribution, selected members of each school staff in this field should prepare themselves to become competent in curricula work. Otherwise their preferred contribution will receive little, if any, practical consideration from curricula experts in other subject areas.

(5) Careful study should be made of the present courses of study in this area, and especially those in hygiene, to determine whether they include every aspect of health, and that the material in them is up-to-date and accurate. The representatives of Health and Physical Education departments cannot expect to receive from their colleagues in other subject fields, the consideration and confidence to which the subject they represent entitles them, unless their professional preparation and contributions are at least of as high an order as those that are possessed or submitted by the representatives of other subjects. True respect and confidence by others must be earned by "delivery on the job" for it is not inherent in position or title.

(6) Every effort possible should be made through appropriate channels to have colleges require a sufficient number of

credits in Health and Physical Education included among the admission requirements. Such a requirement, if it existed would have two important results.

First, it would contribute directly to the improvement of the total health of all students who are admitted to college, and to at least an equally large number who left school before or after graduation from high school.

Second, it would make it mandatory on elementary, junior high and senior high schools to provide more extensive and qualitatively better Health and Physical Education programs than exist today.

(7) In view of the importance of total health to everyone, and the poor quality of Health and Physical Education programs that are to be found today in most school systems throughout the state and country on the one hand, and on the other, the cold fact that general education is much more interested in almost all other subject area fields than it is in health, it follows that any change in the present situation can be brought about only by carefully thought through plans that are wisely, forcibly but judiciously executed.

(8) Organizations and staffs should select their leaders with utmost care. It is not always the most articulate, willing or aggressive person who has very facile speech who can best represent their colleagues and their professional objectives. In the selection of professional organization, staff and departmental representatives, it is necessary to determine whether a certain individual seeks or is desirous of accepting such a privilege and responsibility in order to serve the best interests of his colleagues and children, or whether it represents an opportunity for him to satisfy his own selfish ambitions.

During the past several years that I have had the privilege of knowing and working with teacher and organization representatives in the health field, I have been impressed with their genuine sincerity, high professional motivations, unflagging industry, and outstanding ability and willingness to cooperate in furthering our common goals. I feel certain, that in selecting your leaders and representatives on all levels, in your local, state, district and national associations, you will continue to manifest the same wisdom and critical judgment in the future as you have done in the past.

Many good causes have failed to accomplish their highest

potentialities or effectiveness and others have failed entirely because of incompetent or unworthy leadership.

(9) If any such plan as suggested above, to improve the quality and effectiveness of Health and Physical Education is to be at all successful, it is necessary, that every effort possible must be made to realize unanimity in thinking, and to capitalize upon the summated power and influence that is inherent in cooperative action. To this end, local state and regional associations and the American Association for Health, Physical Education and Recreation must coordinate their efforts for the purpose of improving the total health of children, and by so doing to make one of the most needed and fruitful contributions to the security and betterment of our American Way of Life.

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*Address given by Frank J. O'Brien, M.D., Ph. D., Associate Superintendent of Schools in charge of the Division of Child Welfare of the Board of Education of the City of New York, at a meeting of the New York State Association for Health, Physical Education and Recreation held at the Hotel Statler, Buffalo, New York, on January 26th, at 6:40 P.M.

* * * * *

Ultraviolet Lamp for the Home,—To the Editor:—What ultraviolet lamp can be used in the home to prevent respiratory infections? What bad effects, if any, could the constant use of the lamp have on members of the family who spend most of the 24 hours in the home?

H. D. DIESSNER, M.D., *Minneapolis.*

Answer—The booklet "Apparatus Accepted by the Council on Physical Medicine and Rehabilitation of the American Medical Association," published Feb. 1, 1950, lists six makes of germicidal lamps accepted for use under conditions explained in a lengthy statement (pages 118-129). This statements affords no logical basis for the installation of germicidal lamps in the normal home, and there seems to be no published evidence that such lamps will prevent respiratory infections in the family. Lamps sufficiently strong to make a "light curtain" in a corridor can cause burns on calves and ankles (page 121); other untoward effects on eyes and skin are to be expected from prolonged exposure. J. A.M.A. 140:1334 (Aug. 27), 1949; 142-147 (Jan. 21), 1950. Journ. A.M.A., Jan. 13, 1951.

The answers here published have been prepared by competent authorities. They do not, however, represent the opinions of any official bodies unless specifically stated in the reply. Anonymous communications and queries on postal cards cannot be answered. Every letter must contain the writer's name and address, but these will be omitted on request. Note by Journ. A.M.A.

REPORT OF THE COMMITTEE ON TERMINOLOGY IN HEALTH EDUCATION

Upon recommendation of Dr. C. C. Wilson to the Board of Directors of the American Association for Health, Physical Education and Recreation at Boston in 1949, a Joint Committee on Terminology in Health Education was organized, representing the American Association for Health, Physical Education and Recreation and the American School Health Association.

The Committee was appointed late in 1949 and carried on its work via correspondence until a meeting of the Committee was held in St. Louis, October 29, 1950. The Committee agreed to limit the definitions to terms commonly used in school health and formulated definitions which were submitted to a representative group of school health educators for comment. These suggestions were acted upon by the Committee and the following final report agreed upon:

Terminology in School Health Education

Definitions reflect concepts and practices and as change occurs, definitions must be altered to incorporate new meanings. The definitions in Health Education, developed by a committee of the American Physical Education Association and published in 1935, were instrumental in bringing clarity to meaning and consistency to usage. Since that time, health education practices and programs have evolved and taken on new meanings. It is deemed desirable once more to attempt to define terms in order again to clarify and describe aspects of the school health program. Such is the nature of this report.

The Committee has made no attempt to define terms commonly found in standard dictionaries. Such terms are "hygiene" and "sanitation." The Committee accepts and affirms the definition of "health" formulated by the World Health Organization, namely, that "Health is a state of complete physical, mental and social well being, and not merely the absence of disease and infirmity."

It is recognized that the definitions included in this report are inter-related. Single definitions, standing alone do not have as much meaning as when the definitions are seen in their complementary relationships. The definitions listed below constitute a brief description of school health activities which are considered desirable by the Committee. By stating these definitions it is felt that a contribution is being made to the development and improve-

ment of school health activities. Such will be the case when the concepts herewith expressed are incorporated in practice.

Definitions Relating to School Health Education

School Health Program

The school procedures that contribute to the understanding, maintenance and improvement of the health of pupils and school personnel, including health services, health education and healthful school living.

School Health Services

The school procedures which are established to (a) appraise the health status of pupils and school personnel; (b) counsel pupils, parents, and other persons involved, concerning appraisal findings; (c) encourage the correction of remediable defects; (d) help plan for the health care and education of handicapped children; (e) help prevent and control disease; (f) provide emergency care for the sick or injured.

Health Appraisal

That phase of school health service which seeks to assess the physical, mental, emotional and social health status of individual pupils and school personnel through such means as health histories, teachers' and nurses' observations, screening tests, medical, dental and psychological examinations.

School Health Counseling

The procedures by which nurses, teachers, physicians, guidance personnel and others interpret to pupils and parents the nature and significance of a health problem and aid them in formulating a plan of action, which will lead to solution of the problem.

School Health Education (from the point of view of the school program)

The process of providing learning experiences for the purpose of influencing knowledges, attitudes and conduct relating to individual and group health.

Healthful School Living

A term which designates the provision of a safe and healthful environment, the organization of a healthful school day, and the establishment of interpersonal relationships favorable to the best emotional, social and physical health of pupils.

Health Coordination

The process of developing relationships within the school health program and between school and community health pro-

grams which contribute to harmonious action in the solution of problems relating to pupil health.

School Health Council

A representative group of persons organized for the purpose of study, planning and action aimed at the identification and solution of school health problems.

School Health Educator

A person specially qualified to serve as a teacher, consultant, coordinator or supervisor of health education in an individual school or a school system.

Recommendations

1. That the report be published in the Journal and as many other professional magazines as are interested.
2. That the Committee be discharged.

C. C. Wilson
I. P. Barrett
Marjorie Craig
Morey Fields
Ruth Grout
Bernice Moss, Chairman.

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EDITORIALS

Preparing Teachers in School Health Education.—In recent years there has been a greater awareness of the role of the teacher in relation to the school health program. The general interest in this subject is indicated by the several National, and many regional, State and local conferences which have been held to consider the preparation of teachers in health education.

The following National conferences have been held since the war. Their respective reports are available from the sources indicated in parenthesis.

The Third National Conference on Health in Colleges, New York City, 1947. (National Tuberculosis Association, 1790 Broadway, New York, N. Y.)

The National Conference on Undergraduate Professional Preparation in Health Education, Physical Education and Recreation, Jackson's Mill, West Virginia, 1948. (The Athletic Institute, 209 S. State St., Chicago.)

The Conference on Undergraduate Professional Preparation of Students Majoring in Health Education, Washington, 1949. (Office of Education, FSA, Washington, D.C.)

The National Conference on the Graduate Preparation in Health Education, Physical Education and Recreation, Pere Marquette, Illinois, 1950. (The Athletic Institute, 209 S. State St., Chicago.)

The Conference for the Mobilization of Health Education, Physical Education and Recreation, Washington, March 19-21, 1951. (The American Association for Health, Physical Education, and Recreation, 1201 16th Street, N.W., Washington, D. C.)

The American School Health Association has officially been represented at the Mobilization, Jackson's Mill and Pere Marquette Conferences. The Steering Committees of the two latter conferences have been merged under the title of The National Continuing Committee for the Improvement of Professional Preparation in Health Education, Physical Education and Recreation. The Association will have permanent representation on this committee.

Teacher education, in relation to school health, needs to be considered from several levels, as follows:

1. *The minimum preparation in health education needed by all college students.* The Report of the Third National Conference on Health in College recommends that a two-thirds credit course in personal and community health be required of all college students. Many colleges and universities are meeting this requirement. Unfortunately not all teachers colleges or schools of education are in this group.

2. *The preparation needed by all prospective teachers.* It is recognized by the various conferences mentioned that teachers, regardless of whether they are to be elementary school teachers or secondary school teachers in non-health fields, need to have a certain minimum understanding of the general, over-all school health program — health education, health services and healthful environment. Such preparation is in addition to that in personal and community health.

A few colleges are attempting to meet this need by offering such a professional course. Other colleges are combining such content with one dealing with personal and community health.

A college can further contribute to the growth of its prospective teachers by providing an exemplary college health environment and health services and experiences related thereto.

3. *The health teacher.* With the trend toward separating health instruction from physical education on the secondary school level and introducing separate courses in health, there is need for qualified teachers of such courses. Today there are 42 colleges offering undergraduate majors in health education. A larger number of institutions are offering the equivalent of a minor in this field. Health teachers are usually also qualified to teach in one or

more of the related fields, such as physical education and science. School administrators need to give more consideration to the employment of these specially prepared teachers of health.

4. *The preparation in health education of teachers in allied fields.* Theoretically, most or all courses and services in a school can contribute to health education of children and youth. However, such integration is to a large extent dependent upon the training in health education of teachers in fields closely related to health education. Most important in this group are physical education, biology, general science, home economics and social studies. Except for physical education teachers, there is little or no professional preparation in health education ordinarily required for teaching in these other fields.

The Conference on Mobilization urged colleges offering preparation in these allied fields to plan their curricula so as to contribute to the health education of these prospective teachers. Such colleges might also give consideration to having some of these students obtain a minor in health education.

These teachers could enrich their respective courses in the public schools if they were better prepared in health education. Also, many of them could be, as some already are, assigned to teaching the separate courses in health education frequently given in the secondary schools.

5. *The health specialist.* A number of individual schools, school systems, colleges and voluntary and public health agencies are employing individuals specially trained in health education in various supervisory and administration capacities. They are variously known by such titles as health coordinator, counselor, supervisor or director. Usually these positions call for greater experience and maturity, in addition to the formal preparation, than is the case of the regular health teaching positions in the public schools. A number of graduate schools are preparing individuals for such school positions. Several schools of public health are similarly preparing individuals for the non-school fields.

6. *School administrators.* The type of school health program in a given school, school system or college, is to a large extent determined by the understanding of, and interest shown by, the school administrators in school health. A number of graduate schools are encouraging school administrators to include in their graduate studies a course or courses in school health and allied fields. In the past two years three school health workshops have been held, where the emphasis was specifically directed to school administrators.

7. *In-service preparation in health education.* In-service education in health education should be provided teachers who are inadequately prepared. Also, it is desirable that provision be made for periodically bringing school personnel abreast of current developments and practices.

Numerous plans for in-service education are in operation. In recent years there have been annually 300 or more workshops, institutes, seminars and conferences devoted entirely or partly to school health. Many schools reach their teachers, administrators, custodial personnel, and even school board members, through local in-service programs. Special courses, such as in mental health, growth and development, education for family life, first aid, and home nursing are also growing in number. Much more needs to be done, and can be done, through in-service education.

Summary: It is hoped that members of the American School Health Association will help to stimulate the professional growth in school health education, as discussed by the various conferences. The recent Conference for the Mobilization for Health Education, Physical Education and Recreation gave special emphasis to this subject in light of the national emergency.—*H. F. Kilander.*

* * * * *

A Challenge to Physical Education,—How well have we accomplished our goals and purposes in physical education? How many schools in our nation have a well-rounded program for *all* the boys and girls? The sports-minded American people are creating more and more pressure for winning teams in many communities. In recent years, hundreds of new gymnasiums and athletic plants have been constructed throughout the nation. Are these new facilities for the exclusive use of the interscholastic athletic teams or are they being planned for multiple use in the total physical education program as well as for community recreation purposes?

Why is the interscholastic program over-emphasized in many communities to the detriment of the other phases of the physical education program? Is it because in many schools the coach and the physical education instructor are one and the same person? Will divorcing these two responsibilities solve the problem? Are physical activities selected and carried on with full regard to values in human growth, development and behavior? Are we achieving the well-rounded development of *all* children and youth as responsible citizens in our democratic society? Editorial by Paul E. Landis, Journ. Health, Physical Education and Recreation, March, 1951, p. 41.

SUMMER SCHOOL DIRECTORY

For Professional Courses in Health Education

The Journal has been informed that the following institutions will be offering courses in health education this summer, usually on both undergraduate and graduate levels. In each instance, other courses, such as in physical education and recreation, are offered during the same session. Those interested should write directly to the registrars of the respective institutions:

A

Arkansas State Teachers College, Conway, Ark.
June 4 - August 11. Two terms. Health education, first aid.

B

Bemidji State Teachers College, Bemidji, Minn.
June 11 - August 17. Two terms. Health education, first aid.

Brigham Young University, Provo, Utah.
June 11 - August 24. Two sessions. Health education, alcohol education, driver education.

C

Chico State College, Chico, Calif.
June 18 - July 28. Health education, first aid.

Colorado A. & M., Fort Collins, Colo.
Health education.

Colorado State College of Education, Greeley, Colo.
June 11 - August 17. Health education, safety education.

Columbia University, Teachers College, New York, N. Y.
July 5 - August 17. Health education.

H

Hamline University, St. Paul, Minn.
June 18 - August 10. Health education.

I

Indiana University, Bloomington, Ind.
June 6 - August 10. Health education, safety education.

L

Louisiana Polytechnic Institute, Ruston, La.
June 11 - August 10. Health education, first aid, driver education.

M

Miami University, Oxford, Ohio.
June 18 - August 31. Two terms. First aid, safety education.

Mississippi Southern College, Hattiesburg, Miss.
June 4 - August 10. Two terms. Health education, advanced school hygiene.

N

New Mexico Highlands University, Las Vegas, N. Mex.
June 4 - August 17. Health education.

New York University, Washington Square, New York, N. Y.
July 3 - August 11. Health education, safety education.
August 13 - September 12. Post-session. Health Education Institute, Washington Square Center.

Northwest Missouri State College, Maryville, Mo.
May 29 - August 3. Health education.

Northwestern University, Evanston, Ill.
June 23 - August 25. Health education.

The Traffic Institute, Northwestern University
July 9 - 13. Driver education, workshop on school bus transportation.

O

Occidental College, Los Angeles 41, Calif.
June 18 - July 27. Health education.

Ohio State University, Columbus, Ohio.
June 19 - August 31. Two sessions. Health education.

Oregon State College, Corvallis, Ore.
June 18 - August 10. Health education.

P

Pennsylvania State College, State College, Pa.
June 12 - August 31. Health education workshop.

Purdue University, West Lafayette, Ind.
June 15 - August 16. Health education, first aid and safety.

S

Springfield College, Springfield, Mass.
June 18 - August 11. Health education.

State Teachers College, La Crosse, Wisc.
June 11 - July 20. Health education workshop.

State Teachers College, St. Cloud, Minn.
June 11 - August 24. Two sessions. Health education, first aid and safety.

State Teachers College, West Chester, Pa.
June 4 - August 24. Two intersessions. Rural health education workshop.

State University of New York, Cortland, N. Y.
July 2 - August 24. Two sessions. Health education, driver education, school nurse-teacher certification, school dental hygiene teacher certification.

Stephen F. Austin State College, Nacogdoches, Texas.
June 5 - August 28. Two terms. Workshop in health and physical education in elementary schools, methods and materials in health and physical education.

Syracuse University, Syracuse, N. Y.
July 2 - August 10. Workshop in health education.

U

University of California at Los Angeles.
June 18 - August 11. School health education, curriculum development in health education.

University of Cincinnati, Cincinnati, Ohio.
June 15 - August 28. Two terms. Courses in methods and materials of health and physical education. Workshop in education for family life.

University of Colorado, Boulder, Colo.
June 18 - July 20; July 24 - August 24. School health education.

University of Connecticut, Storrs, Conn.
June 25 - August 4. Methods and materials of teaching health education.

University of Delaware, Newark, Del.
June 11 - July 21. Health education methods and materials.

University of Denver, Denver, Colo.
June 18 - August 22. Two sessions. Health education.

University of Florida, Gainesville, Fla.
June 14 - August 18. One undergraduate and two graduate sessions. Health education and safety education.

University of Illinois, Champaign, Ill.
June 22 - August 18. Health education and safety education.

University of Maryland, College Park, Md.
June 23 - August 3. Health education.

University of Minnesota, Duluth Branch, Duluth, Minn.
June 18 - September 1. Workshop in health education.

University of Minnesota, Minneapolis, Minn.
June 18 - August 31. Two sessions. Health education.

University of Missouri, Columbia, Mo.
June 12 - August 3. Health education.

University of Pennsylvania, Philadelphia, Pa.
June 25 - August 2. Health education.

University of Southern California, Los Angeles, Calif.
June 25 - August 31. Health education.

University of Tennessee, Knoxville, Tenn.
June 12 - August 25. Two terms. Health education.

University of Texas, Austin, Texas.
June 5 - August 30. Two terms. Health education, safety education.

University of Washington, Seattle, Wash.
June 18 - August 17. Health education.

University of Wisconsin, Madison, Wisc.
June 25 - August 17. Health education.

Utah State Agricultural College, Logan, Utah.
June 11 - August 24. Two sessions. Health education, first aid.

W

Washington University, St. Louis, Mo.
June 18 - August 24. Two sessions. Health education.

Wayne University, Detroit, Mich.
June 25 - August 3. Health education.

West Virginia State College, Institute, W. Va.
June 5 - August 25. Two terms. Health education, safety education.

West Virginia University, Morgantown, W. Va.
June 6 - August 24. Two sessions. Health education.

West Virginia Wesleyan College, Buckhannon, W. Va.
June 4 - August 24. Two terms. School health problems, safety education.

Wheaton College, Wheaton, Ill.
June 25 - August 18. First aid and life saving.

Wittenberg College, Springfield, Ohio.
June 11 - August 18. Two terms. Health education, first aid.

Y

Yale University, New Haven, Conn.
June 25 - August 3. Health education: Graduate Seminar in School Health Education.

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Accident Toll for 1950,—The National Safety Council, Chicago, reports that 90,000 persons were killed in accidents during 1950 and 8,900,000 were injured. This huge toll represents a saving of 1,000 lives from the 1949 total. Motor vehicle accidents led the list as the nation's greatest accident killer, with home accidents second. Although occupational deaths increased slightly as a result of greater employment, home accident deaths and those occurring in public places not involving a motor vehicle decreased more than enough to offset the increase in traffic deaths. The 1950 all-accident death rate was 59.9 per 100,000 population, the lowest since the previous low of 61.2 in 1949. Nevertheless, one out of every 17 persons in the United States suffered a disabling injury in 1950. The estimated economic loss of $7,700,000,000 from accidents in 1950 covers both fatal and nonfatal accidents and includes wage losses, medical expense and overhead costs of insurance for all accidents, production delays, damage to equipment in occupational accidents and property damage from traffic accidents and fires. Abstracted from Journ. A.M.A., Feb. 17, 1951, p. 497.

REVIEWS

A Manual for Maids in Schools and Colleges,—Frances A. Schoonmaker, Bureau of Publications, Teachers College, Columbia University, pp. 120, Price $1.50. This text is designed to bring about better housekeeping. It includes directions for procedures and information regarding supplies, equipment and uniforms. —*C. H. Keene.*

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The Science of Health,—Florence L. Meredith, M.D. The Blakiston Co., Philadelphia, pp. 452. Price $3.75; second edition.

Following an introduction devoted to the national health situation—i.e., a brief statistical coverage of health, disease and death rates and to the body itself, there are parts on the Daily Maintenance of Health, the Major Health Problems in the United States, Mental Health, and the Next Generation.

It is concluded by a five page Bibliography and reference to additional sources of material.—*C. H. Keene.*

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Physical Education.—"A Textbook of Principals for Professional Students." Delbert Oberteuffer, Ph. D., Harper & Bros. New York, 1951, pp. 374. Price $3.50.

This is a text of new material devoted largely to the philosophy of physical education, but, in its later two-thirds presenting excellent material on the relation of physical education to organic development, acquiring motor skills, the theory of the curriculum, and a discussion of administrative and practice principles.

This is a new concept of a text in physical education, expounding the present concept of the bases for physical education. There is little on the details of administration, but that material has been presented for years—printed and reprinted with few new ideas—in other texts on the administration of physical education. —*C. H. Keene.*

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'Your Health."—Dean Franklin Smiley, M.D., and Adrian Gordon Gould, M.D., The MacMillan Co., New York, 1951, pp. 555. Price $4.50.

This is a complete rewriting of the college textbook of Hygiene by these same authors. Much of the old style material on structure and function is removed. This has been replaced by some emphasis on the hygiene of the age spans beyond college age, and on community health. This text fits better the newer concept of college courses on personal and community health.— *C. H. Keene.*

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Athletics,—Cross Country Running Suggestions. William J. Leonard, Journal Health, P. E. & R., New York State. Fall 1950; vol. 3, No. 1, p. 10.

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Health Education,—"Today's Needs in Health Education." Secondary School, H. F. Kilander, Ph.D., editorial the Journal H. P. E. & R., Jan., 1951—p. 24.

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Hearing,—Modern Hearing Techniques. Twentieth National Conf. Am. Hearing Society. Hearing News, Apr., 1951.

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Heart,—The Hearts of Athletes. T. K. Cureton, M.D. The Illinois Medical Journal, March, 1951, p. 143.

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Physical Therapy,—Fifty Years of Progress of Physical Medicine and Rehabilitation in New York State. Sverdlik, Covalt & Rusk, N. Y. State Journ. Med., Jan. 1, 1951. p. 90.

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Physical Therapy,—The Role of Physical Therapy in Rehabilitation. Raus, George M., M.D., N. Y. State Journ. Med., Feb. 15, 1951, p. 509.

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Sports,—Individual Sports for Men. John H. Shaw, W. B. Saunders Co., Phila., pp. 399. Price $4.50.

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Vision,—Eye Defects Seen in Cerebral Palsy. George P. Guibor, M. D., The Crippled Child. Oct., 1950, p. 4.

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MEETING

American School Health Association and the American Public Health Association at San Francisco, California, October 27-November 2, 1951.